



VERMONT

AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

September 28, 2011

Margaret Rocque, Administrator  
Heaton Woods  
10 Heaton Street  
Montpelier VT 05602

Dear Ms. Rocque:

The Division of Licensing and Protection completed an unannounced, onsite re-licensing survey at your facility on **September 21, 2011**. The purpose of the survey was to determine if your facility was in compliance with State Residential Care Home Licensing Regulations. Congratulations to you and your staff, there were no regulatory violations as a result.

If you have any questions regarding this, please feel free to contact this office at (802) 241-2345.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Cota RN".

Pamela Cota, RN, BS  
Licensing Chief

PC:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEATON WOODS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10 HEATON STREET MONTPELIER, VT 05602</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	<p>Initial Comments:</p> <p>An unannounced, on-site re-licensing survey was completed by the Division of Licensing and Protection on 9/21/11. There were no regulatory findings as a result.</p>	R100		

Division of Licensing and Protection

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE